



CLIENT DETAILS AND PAYMENT CONFIRMATION

OWNER/CLIENT NAME (name in which contract is drawn up):			
Centre Name where the stall is taking place: Musgrave Centre			
Full Trading Name of Company handling the payments:			
Co Reg. No:		Vat Reg No:	
Financial person (to follow up on payments)		Contact Number:	
Postal Address (financial person):		Postal Code:	
Physical Address (financial person)		Postal Code:	
E-mail Address (financial person):			
Payment Terms: On receipt of invoice.			
Please indicate your preferred method of receiving invoices / statements:		Post	<input type="checkbox"/>
		E-Mail	<input checked="" type="checkbox"/>
		X	<input type="checkbox"/>

DATE _____

SIGNED BY CLIENT OR HIS AUTHORISED REPRESENTATIVE _____

PLEASE PRINT NAME AND DESIGNATION _____

DECLARATION

I / We,, hereby declare and warrant that the information provided above is correct and furthermore acknowledge that Primedia Lifestyle will be relying heavily on the accuracy of this information. I / We furthermore undertake to advise Primedia Lifestyle immediately should any of the information furnished above change.

Signed this day of 20..... in my personal capacity / in my capacity as the duly authorised officer / director / member / trustee.

SIGNATURE _____

PLEASE PRINT NAME AND DESIGNATION _____